

DONATED LEAVE POLICY

The City of Gulfport has authorized a donated leave program to assist employees that have exhausted all earned paid time off caused by a catastrophic illness or injury. In order for an employee to be eligible for donated leave, the following conditions must be met and the proper procedure outlined herein be followed.

Donated leave may be acquired once an employee exhausts all earned sick leave, annual leave, and compensatory time by suffering from a catastrophic illness or injury or by providing care to an immediate family member who has suffered from a catastrophic illness or injury.

A "catastrophic illness or injury" means a life-threatening illness or injury of an employee or a member of an employee's immediate family which totally incapacitates the employee from work, which is verified by a licensed physician, and forces the employee to exhaust all leave time earned by that employee, resulting in a loss of compensation from the City for that employee. Conditions that are short-term in nature including, but not limited to, common illnesses such as influenza, measles, common injuries, broken bones, strained ligaments, uncomplicated pregnancy, and the like are not catastrophic. Chronic illnesses or injuries such as cancer, major surgery, unresponsive syndromes and the like, which result in intermittent absences from work and which are long-term in nature and require long recuperation periods may be considered catastrophic.

The meaning of "employee" is a person employed by the City of Gulfport for a minimum of 12 consecutive months prior to requesting donated leave and who has worked a minimum of 1250 hours during the 12 months immediately preceding the date of the request for donated leave and satisfy the requirements set forth in this policy.

"Immediate family" is defined for the purposes of this policy as a spouse, parent, step-parent, child or step-child.

Any employee may donate a portion of his or her earned vacation or sick leave to an eligible employee in the manner as follows:

- 1) The recipient employee must have exhausted all of his or her earned vacation, sick, and compensatory time before he or she is eligible to receive any leave donated by another employee. Donated sick leave shall be drawn upon prior to drawing upon donated vacation leave.
- 2) Before an employee may receive donated leave, he or she must request donated leave and provide the Human Resources Manager with sufficient documentation to permit a recommendation of approval to the Chief Administrative Officer. Such documentation, at a minimum, must include a physician statement that states the beginning date of the catastrophic illness or injury, a prognosis for recovery, and the anticipated date that the employee will be able to return to work.
- 3) The donor employee shall designate the employee who is the recipient of leave and the amount of earned vacation or sick leave that he/she wishes to be donated. The donation of leave may occur only after the recipient employee has been approved for donated leave by the Chief Administrative Officer.
- 4) The maximum amount of earned vacation that an employee can donate to any other employee may not exceed a number of hours that would leave the donor with fewer than 80 hours of vacation leave. Moreover, the maximum amount of earned sick leave that an employee can donate to any other employee may not exceed a number of hours that would leave the donor with fewer than 80 hours of sick leave.
- 5) Any employee leaving employment with the City of Gulfport may donate, upon separation from service, any or all of their earned vacation and/or sick leave to any employee who is eligible to receive donated leave at that time.

After an employee has exhausted all of his or her earned vacation leave, sick leave and compensatory time and becomes eligible to receive donated leave, the employee may take a maximum of 90 days of donated leave or 720 work hours, whichever is less, which commences on the first day that the recipient employee uses donated leave. Donated leave that is not used because a recipient employee has used the maximum amount of donated leave authorized under this paragraph will be returned to the donor employees on a pro rata basis based on the ratio of the number of hours of leave donated by each donor employee to the total number of hours of leave donated by all donors. In no case will any donor receive more leave in return than he or she donated.

Before an employee is eligible to receive donated leave after having received donated leave from a previous occasion, he or she must have returned to work with the City and have worked a minimum of 12 consecutive months and minimum of 1250 hours during the 12 months preceding the request.

Donated leave may not be used in lieu of disability retirement.

DONATED LEAVE FORM – PART 1

RECIPIENT INFORMATION

| Employee Name | Employee No. | Social Security No. | Department |
|---------------|--------------|---------------------|------------|
|---------------|--------------|---------------------|------------|

By my signature below, I do hereby certify that I have met all eligibility requirements of the City of Gulfport vacation and sick leave donation policy set forth in the Donated Leave Policy, and further state that I have exhausted all earned vacation leave, sick leave, and compensatory time, which has accrued to my benefit. I also state that this request is made due a catastrophic injury or illness affecting my health of one of my immediate family members, which will require the services of a licensed physician for an extended period of time, and a physician's statement is attached certifying thereto.

For Internal Use ONLY

| | | |
|--------------|-----------|------|
| Approved by: | Signature | Date |
|--------------|-----------|------|

HUMAN RESOURCES

MAYOR OR CAO

DONATED LEAVE FORM – PART 2
PHYSICIAN’S CERTIFICATION

Employee Name

Employee Signature

Social Security Number

Individual request regarding qualification for the Donated Leave Program specifies certain conditions. One of those conditions is that I must provide the Human Resources Manager with a physician statement that states the beginning date of the catastrophic illness or injury, a description of the illness or injury, a prognosis for recovery, and the anticipated date that the employee will be able to return to work. In an effort to comply with that condition, I hereby request that you complete the following and return it to me as soon as possible.

ILLNESS/INJURY INFORMATION

Name of Illness/Injury

Date Illness/Injury Began

Description of Illness/Injury

Prognosis for Recovery

Anticipated Date of Return
to Work

I hereby certify that the above information is, to the best of my knowledge and understanding, correct and true as of the date of the signature below.

Physician’s Signature

Date

Printed Name

Phone

DONATED LEAVE FORM – PART 3 DONOR INFORMATION

| Employee Name | Employee No. | Social Security No. | Department |
|---------------|--------------|---------------------|------------|
| | | | |

Number of Vacation Leave Hours to be Donated (You Must Have a Remaining Balance of at Least 80 Hours): _____

Number of Sick Leave Hours to be Donated (You Must Have a Remaining Balance of at Least 80 Hours): _____

Recipient's Name _____ Department _____

Certification

I understand and certify that his donation is made voluntarily and of my own free will. I also understand that I have no further right or claim to the vacation and/or sick leave time that I am donating.

Donor's Signature _____ Date _____

Director's Signature _____ Date _____

For Internal Use ONLY

| | Date | Initials |
|-------------------------------|------|----------|
| Received by Human Resources: | | |
| Information Entered in MUNIS: | | |